

**GEORGIA DEPARTMENT OF AGRICULTURE****Capitol Square, Atlanta, Georgia 30334-4201****ANNUAL APPLICATION FOR FERTILIZER LICENSE/RENEWAL**

Application is hereby made to obtain / renew a Fertilizer License in the State of Georgia for the Fiscal year ending June 30, \_\_\_\_\_

APPLICANT NAME _____	DATE _____
BUSINESS NAME _____ (if different)	TYPE OF BUSINESS <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Legal Trust <input type="checkbox"/> _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
TELEPHONE NO. _____	FAX NO. _____ FEIN or SSN# _____
AUTHORIZED SIGNATURE _____	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer _____ Title _____
NAME (print) _____	CONTACT PERSON (print) _____

The License Fee is determined by the date the fee is received. FEE MUST BE SUBMITTED WITH APPLICATION. CHECK ONE BOX BELOW:

<b>NEW LICENSE \$50</b> <input type="checkbox"/>	<b>RENEWALS:</b>	<b>Date Fee Received</b>		
	By July 1	July 2-July 31	August 1-August 31	Sept. & later
	\$ 50 <input type="checkbox"/>	\$ 75 <input type="checkbox"/>	\$ 100 <input type="checkbox"/>	\$ 125 <input type="checkbox"/>

Type of Fertilizer Products distributed; (Please check all that apply)

Dry Blends – Bulk <input type="checkbox"/> Packaged <input type="checkbox"/>	Ammoniated – Bulk <input type="checkbox"/> Packaged <input type="checkbox"/>	Liquid – Bulk <input type="checkbox"/> Packaged <input type="checkbox"/>
Specialty Fertilizer – Bulk <input type="checkbox"/> Packaged <input type="checkbox"/>	Other – Please Specify _____	

Give the address of any additional production locations in Georgia, including, zip code and telephone number. COMPANY NAME MUST BE THE SAME AS ABOVE BUSINESS NAME. If additional space is needed, use additional sheets.	Type of Fertilizer Products Distributed (Please check all that apply)
	Dry Blends Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Ammoniated Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Liquid Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Specialty Fertilizer Other – Please Specify _____
	Dry Blends Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Ammoniated Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Liquid Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Specialty Fertilizer Other – Please Specify _____
	Dry Blends Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Ammoniated Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Liquid Bulk <input type="checkbox"/> Packaged <input type="checkbox"/> Specialty Fertilizer Other – Please Specify _____

Your License expires on "June 30", but, for so long as appropriate fees thereon are paid, and an Annual Application for Fertilizer License / Renewal is completed and received by the Commissioner, may be deemed to be renewed from fiscal year to fiscal year unless surrendered, abandoned, revoked or canceled.

**MAIL TO: Georgia Department of Agriculture, Plant Food, Feed & Grain, Capitol Square, Atlanta, Georgia 30334-4201****FOR DEPARTMENTAL USE ONLY****FOR DEPARTMENTAL USE ONLY****FOR DEPARTMENTAL USE ONLY**

The above is hereby licensed to distribute fertilizer in Georgia in accordance with the provisions of the Fertilizer Act of 1997 for the Fiscal year ending June 30, \_\_\_\_\_. This license may be revoked by the Commissioner of Agriculture for just cause as set forth in said Act.

Date: \_\_\_\_\_

*Thomas T. Irvin, Commissioner of Agriculture*

FERTILIZER LICENSE #

BY \_\_\_\_\_

DIVISION MANAGER